



# Before-and-After School in Manor Park

## September 2019 - June 2020

Child's Name _____ Gender _____ Date of Birth ____/____/____ Grade _____ School _____ <small>(In Sept 2019)</small> Details of Medical Conditions or Allergies _____ _____ Is your child supported by outside agencies? (CAS, CISS, CHEO, OCTC) <input type="checkbox"/> No - <input type="checkbox"/> Yes (specify: _____) Is your child receiving educational supports in school (IEP, Learning support teacher resources, behaviour consultant) <input type="checkbox"/> No - <input type="checkbox"/> Yes	Attach Photo of Child Here
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	Parent/Guardian	Parent/Guardian
Name		
Address		
Postal Code		
Phone (c & h)		
E-mail		
Employer		
Work Address		
Phone (w)		

Custody arrangements, if any: \_\_\_\_\_

Program	Time	Days of Week	Cost
<b>Before - School</b>	<b>7:15 – 8:30 am</b> <small>On Instructional OCDSB Days</small>	Monday to Friday	<input type="checkbox"/> 5 days per week: <b>\$150 per month</b>
<b>After - School</b>	<b>3:00 – 6:00 pm</b> <small>On Instructional OCDSB Days</small>	<i>Please select days:</i> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> 5 days per week: <b>\$305 per month</b> <small>Monday to Friday</small> <input type="checkbox"/> 3 days per week: <b>\$195 per month</b> <small>Days must be consistent each week</small> <input type="checkbox"/> 2 days per week: <b>\$140 per month</b> <small>Days must be consistent each week</small>

	Emergency Contact <small>(other than parents)</small>	Pick-Up List <small>(person(s) to whom child can be released other than parents)</small>
Name		
Phone (c)		
Phone (w)		

**Consent to Photograph your Child:** Photographs may be taken of children while attending Before -and- After School in Manor Park. Photographs may be used on MPCC social media, pedagogical documentation, newsletters and/or for promotional purposes.  I DO NOT want images of my child(ren) used as indicated.

**Consent to receive Promotional Emails:**  I DO NOT want to receive promotional emails from the MPCC

I have read the Before-and-After School in Manor Park Parent Handbook which outlines all program policies and I accept the conditions. I consent to receiving emails from this program. By signing below, I authorize the MPCC to collect and use the personal information on this form for the purpose of the management and administration of the program. I authorize the MPCC to disclose such personal information to third parties, as may be required for this purpose, including legal and insurance companies. The MPCC may also be required or permitted to disclose such personal information pursuant to relevant privacy or other laws.

**I agree to abide by the rules and regulations, policies and procedure of the MPCC.**

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Before-and-After School in Manor Park is operated by the Manor Park Community Council (MPCC)**

100 Braemar Street, Ottawa, ON K1K 3C9 613-741-4776 [mpcc@manorpark.ca](http://mpcc@manorpark.ca) manorpark.ca  
(Registration Package, 2019/2020, updated January 2019)

**For office use:**

Security Card#: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Date Returned: \_\_\_\_\_ \$10 Deposit Returned: \_\_\_\_\_  
 Security Card#: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Date Returned: \_\_\_\_\_ \$10 Deposit Returned: \_\_\_\_\_

Pre-Authorized Debit Payments:  First Withdraw Date: \_\_\_\_\_ Last Withdraw Date: \_\_\_\_\_ \$50 Withdraw Fee:   
 Other:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_